

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

FILED JUN 8 1961

DATE AMENDED
6/14/61

INSTEAD OF
wife

ITEM NO. SHOULD READ
7 & 14 Not legal wife

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Informant

1. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 1 DAY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS COUNTY MADISON		c. CITY OR TOWN GRANITE CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 2059 CLEVELAND AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First JOHN Middle C. Last YOKLEY			4. DATE OF DEATH Month MAY Day 27 Year 1961		5. SEX: MALE		6. COLOR OR RACE WHITE		
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-6-1923		9. AGE (last birthday) 38		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER		10b. KIND OF BUSINESS OR INDUSTRY A. O. SMITH		11. BIRTHPLACE (City and state or country) GREENVILLE, TENN.		12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME H. E. YOKLEY			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE LOUISE YOKLEY				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES		16. SOCIAL SECURITY NO. _____		17. INFORMANT Louise yokley Address 2059 CLEVELAND GRANITE CITY, ILL.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERFORATED DUODENAL ULCER							INTERVAL BETWEEN ONSET AND DEATH 36 HOURS		
DUE TO (b) _____ DUE TO (c) 541.1									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from MAY 27, 1961 to MAY 27, 1961 and last saw her/him alive on MAY 27, 1961				Death occurred at 8:05 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. C. Vermillion, M.D. (Degree or title)			22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED 5/27/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5-27-1961	23c. NAME OF CEMETERY OR CREMATORY BETHANY CEMETERY		23d. LOCATION (City, town, or county) GREENVILLE, TENNESSEE (State)				
24. FUNERAL DIRECTOR Frank Mercer ADDRESS GRANITE CITY, ILL			25. DATE RECD. BY LOCAL REG. MAY 29 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.				

STATE OF MISSOURI

JUN 27

STATE OF MISSOURI
DEPARTMENT OF HEALTH
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

/working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Charles E. Mercer

Licensed Embalmer No. 2988

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.